

**State of Minnesota**

County

**District Court**

Judicial District: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Case Type: Family

**In Re the Marriage of:**\_\_\_\_\_  
Name of Petitioner

and

**Affidavit in Response to and  
Motion to Change Custody**\_\_\_\_\_  
Name of Respondent

STATE OF MINNESOTA )  
 ) SS  
 COUNTY OF \_\_\_\_\_ )  
 (County where *Affidavit* signed)

My full name is \_\_\_\_\_ and I state  
 that:

1. I am the (*check one*): ☐ Petitioner ☐ Respondent ☐ Other in this case, and I make this *Affidavit* in response to the other party's *Motion to Change Custody*. My relationship to the child(ren) is: \_\_\_\_\_.
2. A child protection case involving any or all of the children in this case is open: ☐ YES ☐ NO. If YES, this case is in \_\_\_\_\_ County in the State of \_\_\_\_\_ and the file number is \_\_\_\_\_. The child protection worker's name is \_\_\_\_\_.  
A copy of the *Order* is attached.
3. An *Order for Protection* involving me and the other party and/or the child(ren) exists:  
☐ Yes ☐ No. If YES, it is in \_\_\_\_\_ County in the State of \_\_\_\_\_.

\_\_\_\_\_, and the file number is \_\_\_\_\_. A copy of the *Order for Protection* is attached.

4. The child(ren) currently live with: ☐ Petitioner ☐ Respondent, who is the child(ren)'s:  
☐ Mother ☐ Father ☐ Other relation to the child(ren). The address of the child(ren)  
is: \_\_\_\_\_ in the City of \_\_\_\_\_  
\_\_\_\_\_ in the State of \_\_\_\_\_ and zip code \_\_\_\_\_.  
The child(ren) have lived at this address since the date of \_\_\_\_\_.
5. The current custody order is dated: \_\_\_\_\_.
6. The current order grants **legal** custody of the child(ren) as follows:  
☐ Sole legal custody to: ☐ Petitioner ☐ Respondent ☐ Other  
☐ Joint legal custody to: ☐ Both Parties ☐ Other \_\_\_\_\_
7. **Legal** custody identifies which parent(s) have the right to make decisions regarding the upbringing of the child(ren) including education, health care and religious training.  
☐ I do not want to change **legal** custody.  
☐ I want to change **legal** custody to:  
☐ Sole legal custody in favor of \_\_\_\_\_, **or**  
☐ Joint legal custody to both parents
8. The current order grants **physical** custody of the child(ren) as follows:  
☐ Sole physical custody to: ☐ Petitioner ☐ Respondent ☐ Other  
☐ Joint physical custody to: ☐ Both Parties ☐ Other \_\_\_\_\_
9. Physical custody identifies with whom the child(ren) will live.  
☐ I do not want to change **physical** custody.  
☐ I want to change **physical** custody to (*check one*):  
☐ Sole physical custody in favor of \_\_\_\_\_, **or**  
☐ Joint physical custody to: ☐ Both Parties ☐ Other \_\_\_\_\_

10. I want to respond to the other party's statements in paragraph 10 of his/her *Affidavit*, in support of a request to change physical or legal custody. My response is: \_\_\_\_\_

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\_\_\_\_\_. If you need more space, attach another full sheet of paper and mark it "Exhibit A."

11. I want to change physical and/or legal custody, or modify a parenting plan provision specifying the child's primary residence, because (*check all that apply*):

☐ a. A change of custody is in the best interests of the child(ren) **and** the parties previously agreed, in a writing approved by a court, to apply the best interests standard in section 518.17 or 257.025 (**Attach a copy of the court order approving the agreement**) and either: (*check one*)

☐ i. Each party was represented by an attorney when the agreement was approved by the court OR

☐ ii. The court made a finding in the Order approving the agreement that the parties were fully informed, the agreement was voluntary, and the parties were aware of its implications.

The change of primary residence is in the best interests of the child(ren) because:

(Explain in detail) \_\_\_\_\_

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☐ b. Both parties have agreed that it is in the best interests of the minor child(ren) to change custody. **Attached is our signed and notarized agreement.** (Note: The Agreement MUST do more than just state that a change of custody is in the best interests of the child(ren). It MUST explain in detail HOW and WHY the change will be in the child(ren)'s best interests).

☐ c. The child(ren) has/have been living with me since (*mo/day/year*): \_\_\_\_\_

- The child(ren) came to live with me because (*describe the reasons(s) the child(ren) came to live with me*): \_\_\_\_\_

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- The child(ren) has/have become integrated into my home in the following way(s) (*give specific examples*): \_\_\_\_\_

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- The child is living with me with the consent of the other parent (*check one*):  
☐ YES ☐ NO. If YES, the other parent has said or done the following to make me believe that (s)he agrees that the child(ren) should live permanently with me (*be specific*): \_\_\_\_\_

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☐ d. My child(ren) is/are in danger if (s)he/they live(s) with the other parent.\*

The other parent is putting the child(ren) in danger of physical or emotional harm by doing the following (*give very specific facts and details*): \_\_\_\_\_

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\*If an extreme emergency exists, request an expedited hearing.

- ☐ e. The other parent has persistently and willfully denied or interfered with my Court-ordered parenting time. The following is a list of each date, in the past six (6) months, that I was denied parenting time, and an explanation of exactly what the other parent did on each date to stop my parenting time: \_\_\_\_\_

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12. I understand that the Court cannot change custody unless there is a change in the circumstances of the child(ren) **or** the parents since the last custody *Order*. (*Check one of the following*):

- ☐ a. The other party states at paragraph/question 11 of his/her *Affidavit* that there has been a change of circumstances. My response to that is: \_\_\_\_\_

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- ☐ b. I am asking the Court to order a change in custody. The following is a description of the changes that are a basis for modifying the most recent custody *Order* (*be specific*): \_\_\_\_\_

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13. I understand that moving a child to a different family and home can be stressful for the child. *(Check one of the following):*

☐ a. The other party is asking the Court to move the child(ren) to another family and home. My response is: \_\_\_\_\_

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☐ b. I want the Court to change physical custody from the other party to me. I believe that living with the other parent is more harmful to my child(ren) than the stress of moving to a new home and family because: \_\_\_\_\_

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14. I understand that the Judge must decide custody based on what is best for my child(ren), and that by filling in (a) through (o) of this paragraph 14, that I am giving the Judge information needed to make that decision.

a. Describe the custody arrangement you want: \_\_\_\_\_

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Describe the custody arrangement the other parent wants: \_\_\_\_\_

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b. Describe the custody arrangement the child wants (if the child is old enough to decide): \_\_\_\_\_

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- c. Describe what you do each and every day to take care of your child(ren) (*be very detailed*): \_\_\_\_\_

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In contrast, the other parent does the following each day to take care of the child(ren):

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- d. Describe the closeness of the relationship between each parent and the child(ren): \_\_\_\_

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- e. Describe the interaction of the child(ren) with each parent, brother, sister, and anyone else who is important to the child(ren) and how that will change with a change in custody: \_\_\_\_\_

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- f. Describe the child(ren)'s adjustment to home, school and community: \_\_\_\_\_

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- g. Describe the length of time the child(ren) has/have lived in a stable, satisfactory place and the need to stay in that place: \_\_\_\_\_

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\_\_\_\_\_

h. Describe the permanence, as a family unit, of the existing or proposed custodial home:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

i. Describe the mental and physical health of all individuals involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

j. Describe the ability of each parent to give the child(ren) love, affection and guidance and continue the child(ren)'s education and to raise the child(ren) in the child(ren)'s culture, religion or creed, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

k. Describe the child(ren)'s unique cultural needs and what role you play in meeting the cultural needs; then describe the role the other parent plays: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. There: ☐ is ☐ is not domestic abuse in my household. If there is domestic abuse in the household, the following people are involved in the domestic abuse (tell how the people are related to the child(ren) and/or to you): \_\_\_\_\_



The domestic abuse in my household affects the child(ren) in the following way(s)  
(*be very specific*): \_\_\_\_\_

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- m. There: ☐ is ☐ is not domestic abuse in the other parent's household. If there is domestic abuse in the household, the following people are involved in the domestic abuse (tell how the people are related to the child(ren) and/or to the other parent): \_\_\_\_

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The domestic abuse in the other parent's household affects the child(ren) in the following way(s) (*be very specific*): \_\_\_\_\_

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- n. Describe what you will do to encourage and permit frequent and continuing contact by the other parent with the child(ren) (except when there is domestic abuse): \_\_\_\_\_

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- o. Describe what the other parent does to encourage or discourage your contact with the child(ren): \_\_\_\_\_

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15. I want to respond to the other party's requests for parenting time in Paragraph 14 of his/her Affidavit. My response is: \_\_\_\_\_

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16. If the Court changes **physical** custody, the parenting time schedule should be changed.  
Check all that apply and be as complete as possible.

☐ a. Changing the existing parenting time schedule to the following schedule:

Weekends: \_\_\_\_\_

\_\_\_\_\_

Week nights or after school: \_\_\_\_\_

\_\_\_\_\_

Holidays: \_\_\_\_\_

\_\_\_\_\_

School Release Days: \_\_\_\_\_

\_\_\_\_\_

Birthdays: \_\_\_\_\_

\_\_\_\_\_

Summer: \_\_\_\_\_

\_\_\_\_\_

School Holidays: \_\_\_\_\_

\_\_\_\_\_

Telephone Contact: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ b. Requiring **supervised parenting time** because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parenting time should be supervised by: \_\_\_\_\_

NOTE: You and the other party may have to pay a fee for each supervised visit.

Who should pay the fee? \_\_\_\_\_

- ☐ c. Requiring the child(ren) be transferred **at a parenting time exchange center** if one is located in the area, and for both parties to follow all rules of the parenting time exchange center. NOTE: The parenting time exchange center may require the parties to pay a fee for such an exchange. Who should pay the fee? \_\_\_\_\_

\_\_\_\_\_

- ☐ d. Requiring that the child(ren) be transferred at: \_\_\_\_\_  
\_\_\_\_\_ because \_\_\_\_\_

\_\_\_\_\_

### Current Information About Me

17. I am currently (*check all that apply*):

- ☐ Married ☐ Separated ☐ Divorced ☐ Living with a companion ☐ Single

18. I am currently (*check one*) ☐ employed ☐ unemployed (*if employed, answer the following*):

- a. Employer: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Work telephone number: \_\_\_\_\_  
d. Occupation /Type of work: \_\_\_\_\_  
e. Length of employment: \_\_\_\_\_  
f. Supervisor: \_\_\_\_\_  
g. Gross Pay: \$\_\_\_\_\_ This ☐ does ☐ does not include overtime pay.  
h. Paid: ☐ Weekly ☐ Every other week ☐ Twice a month ☐ Monthly  
i. Previously employed by \_\_\_\_\_  
for \_\_\_\_\_ years prior to the above employment.

19. I have the following additional sources of income:

Commissions	\$ _____	Pension Payments	\$ _____
Annuity Payments	\$ _____	Unemployment Benefits	\$ _____
Military / Naval Retirement	\$ _____	Workers' Compensation	\$ _____
Spousal Maintenance Received	\$ _____	Disability Payments	\$ _____
Self-Employment	\$ _____	Other	\$ _____

20. I receive (*check only if it applies*) ☐ MFIP ☐ Medical Assistance ☐ MinnesotaCare  
☐ General Assistance ☐ SSI ☐ Child Care Assistance

21. The joint child(ren) currently receives monthly social security or veteran's benefits in the amount of \$ \_\_\_\_\_ based on ☐ my disability ☐ the other parent's disability and is paid to ☐ me ☐ other parent.

22. I am court ordered to pay monthly spousal maintenance.

(*check one*) ☐ YES ☐ NO *If yes, how much?* \_\_\_\_\_

23. I support the following nonjoint child(ren):

Child's Name	Date of Birth	Relationship	Child Support Monthly amt.	Living in the home
			\$	Yes/No
			\$	Yes/No
			\$	Yes/No
			\$	Yes/No
			\$	Yes/No

(If ordered to pay child support for any child listed above, provide copies of court orders)

24. My monthly expenses at the present time are as follows (if remarried, include total of household expenses):

**Monthly Payment at Present Time**

- a. ☐ House payment or ☐ Rent \$ \_\_\_\_\_
- b. Real Estate Taxes, if not included in (a) \$ \_\_\_\_\_
- c. Association Dues or Lot Rent (for property) \$ \_\_\_\_\_
- d. Insurance:
  - Homeowners, if not included in (a) \$ \_\_\_\_\_
  - Car \$ \_\_\_\_\_
  - Life \$ \_\_\_\_\_
- e. Utilities: (Average Monthly Amount)
  - Gas \$ \_\_\_\_\_
  - Electricity \$ \_\_\_\_\_
  - Telephone \$ \_\_\_\_\_
  - Water and garbage \$ \_\_\_\_\_
  - Cable TV \$ \_\_\_\_\_
- f. Food \$ \_\_\_\_\_
- g. Clothing \$ \_\_\_\_\_
- h. Laundry/dry cleaning \$ \_\_\_\_\_
- i. Personal allowances and incidentals \$ \_\_\_\_\_
- j. Magazine and newspapers \$ \_\_\_\_\_
- k. Uninsured / unreimbursed medical expenses \$ \_\_\_\_\_
- l. Uninsured / unreimbursed dental expenses \$ \_\_\_\_\_
- m. Child care expenses \$ \_\_\_\_\_
- n. Transportation expenses:
  - Car payment \$ \_\_\_\_\_
  - License \$ \_\_\_\_\_
  - Gasoline \$ \_\_\_\_\_
  - Repairs \$ \_\_\_\_\_
- o. Recreation/Entertainment \$ \_\_\_\_\_
- p. Child(ren)'s needs (sports/school/hobbies) \$ \_\_\_\_\_

q. Allowances \$ \_\_\_\_\_

r. Other (list) \_\_\_\_\_ \$ \_\_\_\_\_

s. Charge accounts and loans (list):

Name of Account	Balance Owed
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

**TOTAL MONTHLY EXPENSES:** \$ \_\_\_\_\_

25. The following people help me pay my current monthly expenses listed in question 15:  
☐ Spouse   ☐ Companion   ☐ Roommate(s)   ☐ Relatives   ☐ No One

26. The value of the property I currently own by myself or with someone else is:

Home \$ \_\_\_\_\_

Household goods \$ \_\_\_\_\_

Purchase price of my home \$ \_\_\_\_\_

Balanced owed on my home \$ \_\_\_\_\_

Other real estate \$ \_\_\_\_\_

Checking/savings \$ \_\_\_\_\_

Automobiles \$ \_\_\_\_\_ (year and make) \_\_\_\_\_

Recreational vehicles \$ \_\_\_\_\_ (year and make) \_\_\_\_\_

Personal property \$ \_\_\_\_\_

Stocks/bonds/etc. \$ \_\_\_\_\_

### Current Information About Other Parent

27. To the best of my knowledge, the other parent is currently:  
*(check one)* ☐ employed   ☐ unemployed *(if employed, answer the following):*

a. Employer: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Work telephone number: \_\_\_\_\_

d. Occupation / Type of work: \_\_\_\_\_

e. Length of employment: \_\_\_\_\_

f. Supervisor: \_\_\_\_\_

g. Gross Pay: \$ \_\_\_\_\_ This ☐ does ☐ does not include overtime pay.

h. Paid: ☐ Weekly   ☐ Every other week   ☐ Twice a month   ☐ Monthly   ☐ Unknown

i. Previously employed by \_\_\_\_\_  
for \_\_\_\_\_ years prior to the above employment.

28. To the best of my knowledge, the other parent has the following additional sources of income:

Commissions	\$ _____	Pension Payments	\$ _____
Annuity Payments	\$ _____	Unemployment Benefits	\$ _____
Military / Naval Retirement	\$ _____	Workers' Compensation	\$ _____
Spousal Maintenance Received	\$ _____	Disability Payments	\$ _____

Self-Employment      \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

29. To the best of my knowledge, the other parent receives (*check only if it applies*) ☐ MFIP ☐ Medical Assistance ☐ MinnesotaCare ☐ General Assistance ☐ SSI ☐ Child Care Assistance

30. To the best of my knowledge, the other parent is ordered to pay spousal maintenance. (*check one*) ☐ YES ☐ NO *If yes, how much?* \_\_\_\_\_

31. To the best of my knowledge, the other parent supports the following nonjoint child(ren):

Child's Name	Date of Birth	Relationship	Child Support Monthly amt.	Living in the home
			\$	Yes/No
			\$	Yes/No
			\$	Yes/No
			\$	Yes/No
			\$	Yes/No

### Parents Health Care Coverage Information

32. **About me:** (*check all that apply*)

- ☐ I am court ordered to carry health care coverage for the joint child(ren)  
☐ I now have private health care coverage available for the joint child(ren)  
☐ I do not have or no longer have private health care coverage available for the joint child(ren)  
☐ I cannot afford to pay my proportionate share of health care coverage for the joint child(ren)  
☐ My proportionate share of health care coverage for the joint child(ren) should be changed  
☐ I am court ordered to maintain health care coverage for other nonjoint children and coverage is in place for other nonjoint children.  
☐ I have private health care coverage and/or dental insurance coverage in place for the following people: \_\_\_\_\_

Cost of monthly health care coverage for self: \$ \_\_\_\_\_

Cost of monthly health care coverage for dependents: \$ \_\_\_\_\_

Cost of monthly dental insurance for self (if separate coverage from health care coverage): \$ \_\_\_\_\_

Cost of monthly dental insurance for dependents (if separate coverage from health care coverage): \$ \_\_\_\_\_

33. Currently, there is:
- ☐ no court order that directs either parent to carry private health care coverage for the joint child(ren).
  - ☐ a court order that directs ☐ me ☐ the other parent to carry private health care coverage for the joint child(ren).
  - ☐ Medical Assistance ☐ MinnesotaCare currently in place for the joint child(ren).

34. **About the other parent:** *(check all that apply)*

- ☐ The other parent is court ordered to carry health care coverage for the joint child(ren)
- ☐ The other parent has private health care coverage available for the joint child(ren)
- ☐ The other parent does not have or no longer has private health care coverage available for the joint child(ren)
- ☐ The other parent is court ordered to maintain health care coverage for other nonjoint children and coverage is in place for other nonjoint children.
- ☐ The other parent has private health care coverage and/or dental insurance coverage in place for the following people: \_\_\_\_\_

Cost of monthly health care coverage for self: \$ \_\_\_\_\_

Cost of monthly health care coverage for dependents: \$ \_\_\_\_\_

Cost of monthly dental insurance for self (if separate coverage from health care coverage): \$ \_\_\_\_\_

Cost of monthly dental insurance for dependents (if separate coverage from health care coverage): \$ \_\_\_\_\_

**Child Care Obligation**

35. ☐ I am court ordered to pay a proportionate share of child care support and the amount of child care support has changed.
- ☐ There is no court ordered child care obligation and I have child care expenses.

36. If there is an existing court order for monthly child care expenses, list the court ordered amount:
- \$ \_\_\_\_\_

37. The **current** total monthly costs of child care are \$ \_\_\_\_\_

38. At paragraph/question 7 or 9 of this *Affidavit*, I asked the Court for joint custody:

☐ YES ☐ NO. (If NO, go to question 39. If YES, fill in the rest of question 38). I provide the following information to help the Judge decide if joint custody is appropriate:

- a. Describe the ability of the parents to cooperate in rearing their child(ren): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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b. Describe the methods parents have for working through disagreements regarding major decisions about the child(ren)'s life and their ability to use these methods: \_

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c. Describe whether it would be harmful to the child(ren) if one parent had total authority over the child's upbringing: \_\_\_\_\_

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d. Describe whether domestic abuse as defined in § 518B.01 has occurred between the parents: \_\_\_\_\_

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39. The following is additional information regarding the reasons I am requesting a change of custody: \_\_\_\_\_

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40. The following is additional information regarding the reasons I disagree with the other party's *Motion*: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: \_\_\_\_\_ Signature \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_